A 27.	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES		
	DIVISION OF ENVIRONMENTAL HEALTH		
	CHILD CARE FACILITY		
	INSPECTION REPORT		
REA	ASON , GRADE Inspection Date: ESTABLISHMENT NAME:		
Regular	04/09/2018 PNG @ LEO PALACE LEARNING	S CONTI	TR
Follow-U			
Complair			
Investiga		ment Type:	
Other:	A Sanitary Permit No.: YONA CCC	N	
	PERMIT STATUS:ValidTe	mporary .	Expired
	dren: 11 Male 10 Female 21 Total Child Care License: No.: 170126 V/Valid /		
The f	ollowing items identify violations found this day in the operations and facilities which must b	e corrected	by the next
inspection	or sooner as the Department indicates. Non-compliance may result in downgrading or per a written request for hearing must be submitted before the indicated correction		sion. To appea
ITEM*	REMARKS		CORRECT B
I I TIVI			CORRECTB
	A REGULAR INSPECTION WAS CONDUCTED TODAY. PROVIOUS		
	INSPECTION DATED 01/24/2018, RESULTED IN A RATING	I omin	
	OF O/A. THE FOLLOWING WAS OBSERVED:		
		1-1-	E-HOGEL
	V.R. V.P.		A
	There were		
31.	DRANGE IN KITCHEN AREA FILLED WITH PLASTIC UTENCILS	2	05/09/2018
	WAS FOUND IN OISREPAIR.		
	ALL AREAS, FACILITIES, AND EQUIPMENT SHALL BE		
	IN A NEXT CLEAN, SANTARY CONDITION, AND IN A STATE	20.2- -	-1-0
	OF GOOD REPAIR TO PREVENT PHYSICAL INJURY.		
	PHOTOS WERE TAKEN.		
	PLACARO "A" NO. 03051 REMOVED.		
E 8	PLACARD "A" NO. 02690 POSTED.	Aller	15 HERAU
	DISCUSCED REPORT WITH MAUROEN WITH, DIRECTOR.		
III.		7	
15			
	PRINCE SEATED BOTH AND TEMPERATE AND THE TEMPERATE AND THE TEMPERATURE AND THE TEMPERA		
			or a semilar in the
Lhav	to road and understand the above violation(s) and I are suggest the same of the		

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

DEH Inspector (Name & Title): V. RAHMUNDO, EPHO I